

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018644

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 3 1963

VS:300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pasadena Hills</b>		c. CITY OR TOWN <b>Pasadena Hills</b>	
Length of stay in b. <b>5 years</b>		Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4323 Roland Drive</b>		d. STREET ADDRESS (If outside, give location) <b>4323 Roland Drive</b>	
3. NAME OF DECEASED (Type or print) <b>ROSEANNA SAUNDERS</b>		4. DATE OF DEATH Month <b>April</b> Day <b>20</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-10-1876</b>
9. AGE (last birthday) <b>86</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>12</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and state or country) <b>Madison, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Dr. A.S. Davison</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. McCraw</b>	
14. NAME OF HUSBAND OR WIFE <b>V.L. Saunders, deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Miss Edna Moseley, 4323 Roland Drive</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Arterio Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Phyromedus Spondilitis</b>		<b>12 yrs</b>	
DUE TO (c) <b>Generalized Arterio Sclerosis</b>		<b>5 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>10:15</b> a.m. <b>p.m.</b> Month <b>April</b> Day <b>20</b> Year <b>1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis, Missouri</b>	
21. I attended the deceased from <b>May 17th 58</b> to <b>April 20th 63</b> and last saw her <b>alive</b> on <b>April 19th 63</b> Death occurred at <b>10:15 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edwin J. Frachik MD</b>		22b. ADDRESS <b>3635A W. Newstead</b>	
22c. DATE SIGNED <b>4/22/63</b>		22d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>April 24, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Frieden's Cemetery</b>	
24. FUNERAL DIRECTOR <b>CALVIN F. FEUTZ, 4828 Natural Bridge Bl.</b>		25. DATE RECD. BY LOCAL REG. <b>4-22-63</b>	
26. REGISTRAR'S SIGNATURE <b>John B. Murphy MD</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

HOURS: *Mon*  
*1 PM*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Robert E. Mahleman*

Licensed Embalmer No. *4916*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.